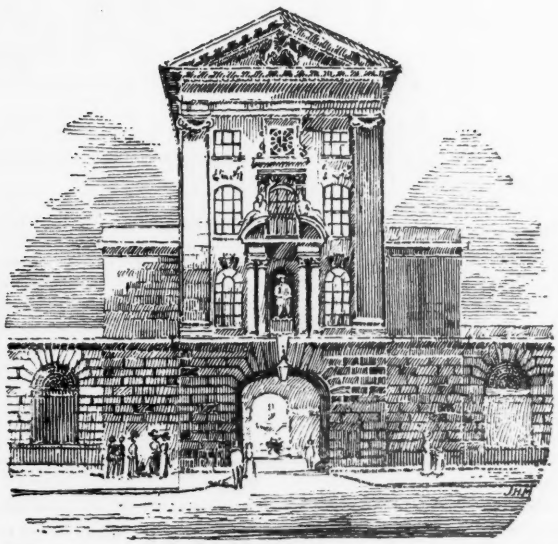
ST. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXXVIII.—NO. I. OCTOBER, 1930. [PRICE NINEPENCE.

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St. Bartholomew's Hospital Journal.

"Æquam memento rebus in arduis
Servare mentem."
—*Horace*, Book ii, Ode iii.

VOL. XXXVIII.—No. 1.] OCTOBER 1ST, 1930. PRICE NINEPENCE.

CALENDAR.

Wed., Oct. 1.—**Old Students' Annual Dinner in the Great Hall, 7.0 for 7.30 p.m.**
Fri., ,, 3.—Sir Thomas Horder and Mr. L. Bathe Rawling on duty.
Sat., ,, 4.—Rugby Match *v.* Rosslyn Park. Away.
Association Match *v.* St. Thomas's Hospital. Away.
Mon., ,, 6.—Special Subject: Clinical Lecture by Mr. Just.
Tues., ,, 7.—Dr. C. M. Hinds Howell and Sir C. Gordon-Watson on duty.
Wed., ,, 8.—Surgery: Clinical Lecture by Sir Holburt Waring.
Fri., ,, 10.—Dr. Gow and Mr. Harold Wilson on duty.
Medicine: Clinical Lecture by Sir Thomas Horder.
Sat., ,, 11.—Rugby Match *v.* Old Allevnians. Home.
Association Match *v.* R.M.A., Woolwich. Away.
Hockey Match *v.* Beckenham II. Home.
Mon., ,, 13.—Special Subject: Clinical Lecture by Mr. Russell.
Tues., ,, 14.—Prof. Fraser and Prof. Gask on duty.
Wed., ,, 15.—Surgery: Clinical Lecture by Mr. Harold Wilson.
Thurs., ,, 16.—**Abernethian Society: Inaugural Address by Dean Inge, 8.30 p.m.**
Fri., ,, 17.—Sir Percival Hartley and Sir Holburt Waring on duty.
Medicine: Clinical Lecture by Dr. C. M. Hinds Howell.
Sat., ,, 18.—Rugby Match *v.* Old Haileyburians. Home.
Association Match *v.* Emmanuel College, Cambridge. Away.
Hockey Match *v.* Woolwich Garrison. Away.
Mon., ,, 20.—Special Subject: Clinical Lecture by Mr. Elmslie.
Last day for receiving matter for the November issue of the Journal.
Tues., ,, 21.—Sir Thomas Horder and Mr. L. Bathe Rawling on duty.
Wed., ,, 22.—Surgery: Clinical Lecture by Mr. Harold Wilson.
Rugby Match *v.* Cambridge University. Away.
Fri., ,, 24.—Dr. C. M. Hinds Howell and Sir C. Gordon-Watson on duty.
Medicine: Clinical Lecture by Sir Thomas Horder.
Sat., ,, 25.—Rugby Match *v.* Old Leysians. Home.
Association Match *v.* Caius College, Cambridge. Home.
Hockey Match *v.* Sittingbourne. Home.
Mon., ,, 27.—Special Subject: Clinical Lecture by Mr. Russell.
Tues., ,, 28.—Dr. Gow and Mr. Harold Wilson on duty.
Wed., ,, 29.—Surgery: Clinical Lecture by Mr. L. Bathe Rawling.
Fri., ,, 31.—Prof. Fraser and Prof. Gask on duty.
Medicine: Clinical Lecture by Dr. C. M. Hinds Howell.

EDITORIAL.

1930–1931.

THE new Academic Year has opened, unheralded and un-Introduced.

The Hospital, with its long tradition of "feasts," has, it is true, an Old Students' Annual Dinner; but the New Students are flung into the midst of their work, to find their breathless way to shore themselves. This reticence concerning so important a moment in the life of the College is reminiscent of an earlier epoch, before Rahere took the City streets by storm, and that strange nurse in blue cried "Help for the Hospital" from every hoarding.

The latest figure in the Hospital tryptich—that white-clad amphibian, prepared alike for the dry land of medical speculation as for the rosy deeps of surgical inquiry—the Freshman may take as his own simile. In time he will lose his lost look, and he will find out the people who do *not* matter. But he has been a freshman before; he knows what to expect of us, as we of him. Good luck to him!

* * *

There was a time when St. Bartholomew's, too, had an Introductory Address, ready for October 2nd's morning papers. Whereby hangs the tragic tale which was told by Sir William Church in his memoir of Sir Thomas Smith (*St. Bartholomew's Hospital Reports*, 1910, xlv, p. xxxvii).

"In 1868 Sir Thomas Smith was deputed by his colleagues to deliver the last introductory address at the commencement of the Winter Session given at the Hospital. . . . A very considerable amount of licence was allowed to the students on the occasion of the introductory address, and they somewhat freely

expressed their opinion of their teachers and others who might be present. In the preceding year this licence had exceeded reasonable bounds; for some reason or other the Treasurer had rendered himself unpopular with the students, and, in addition to the general uproar and disorder, one man armed himself with a pea-shooter and a supply of ammunition, with which he amused himself and his friends by peppering the bald head of the Treasurer, who was not a little indignant at the treatment he received, and declared that he would never attend another meeting of the School. The Staff, although very willing to drop the introductory address, thought it would be ignominious to retire when defeated as it were by the students in keeping order, and after due consideration it was decided that of the younger men Smith alone was likely to be given a respectful hearing. Their action was successful; Smith gave an excellent address amid perfect order and has had no successor."

* * *

The Abernethian Room.

By the time these words are in print the Abernethian Room will be once more in full use. Those who were driven from the "A.R." into the Library by the painters and panellers, from the Library into the Square by the polishers, and from the Square by the weather, will have no further excuse for frequenting the less formal houses of the neighbourhood.

For the benefit of those who will not see for themselves, we have obtained details of the improvements. The olive-green tiles—perpetual reminder to the student in his leisure hours of the beauties of the Surgery—have been torn down and their place taken by oak panelling, above which the walls have been painted a stone colour. Four new chesterfields for the alcoves on the corridor side of the room have been purchased, and what is to be retained of the old furniture has been renovated. All the furniture is covered in brown "leather." Oak brakcet lights, two lamps in each, have been fitted, two in each alcove, and one between each window. A new grate and fender have been put into the main fire-place.

There will be a special attendant to tidy the room, to reassemble the newspapers and journals, and—*O tempora, O mores*—to remove hats and coats which have been thoughtlessly left there.

The Room at last will have an appearance worthy of its name and of the School. It is for its inhabitants to prove themselves worthy of its appearance.

* * *

The Abernethian Society.

The Very Rev. W. R. Inge, K.C.V.O., D.D., Dean of St. Paul's, will deliver the Inaugural Address on Thursday, October 16th, at 8.30 p.m. in the Medical and Surgical Theatre on "Racial Decay and Regeneration."

All members of the Students' Union are members of the Abernethian Society without payment of further fee. During the year three evening meetings are held, at which the Inaugural, the Mid-Sessional and the Summer Sessional Addresses respectively are delivered. On Thursday, April 30th, a special meeting will be held, to be addressed by Sir Arthur Keith in commemoration of the centenary of the death of the Founder, John Abernethy.

The Society meets also on Thursday at 5.30 p.m., after due notice has been given by the Secretaries, for Clinical Evenings, at which short papers are read and cases are shown for discussion. The year's programme will be published in the November issue and will be posted in the Abernethian Room.

* * *

The Journal.

The JOURNAL was founded in 1893 as the official organ of the Students' Union, for the publication of papers of medical interest, of notes of cases, of the reports of the athletic clubs and of the Hospital societies, and of Hospital news. A copy is given each month to every member of the Students' Union, and is sent to those who, after qualification or at the termination of their resident appointments, pay the subscription which then becomes due.

An Index is included in the November issue, and a special binding, for one volume or for three, is obtainable through the Printers.

Articles of a literary character, poems, satires and Humour, the rarer produce of Hospital leisure, are welcomed by the Publication Committee. A select and humorous volume culled from old numbers was recently published under the title, *Round the Fountain*. Copies may still be had at the College Office.

* * *

Dr. Leonard Mark.

We regret to announce the death of Dr. Leonard Mark, which occurred on September 5th at the age of 75. Always a lover of St. Bartholomew's, he took a lively interest in its history, compiling in 1907 a *Catalogue of a Collection of Prints and Drawings* and other historical objects connected with it. He was an occasional contributor to the JOURNAL on subjects

linking medicine and art, and lately he wrote an article on his work as Pathological Draughtsman to the Hospital. His two personal studies of acromegaly have aroused the wide attention not only of the profession, but of the general public; and he wished that the study of his case should be completed by a post-mortem examination at St. Bartholomew's. We hope to publish in our November issue an account of the findings.

In this connection we would deplore the fact that more doctors do not leave their bodies for post-mortem examination. There is at the present time a great reluctance on the part of the members of the public to allow examinations of the bodies of their relatives. It is for the doctors to provide a salutary example.

We publish, on p. 4, an obituary of Dr. Mark.

* * *

Mr. H. W. Carson.

We regret to announce the death at the early age of 59 of Herbert W. Carson, Surgeon to the Prince of Wales's Hospital, Tottenham. An obituary notice will be published in November.

* * *

Mr. Norman Capener, F.R.C.S., has been appointed Assistant Professor of Surgery (Orthopædics) at the University of Michigan.

* * *

E. W. Hallett.

The Secretaries of the Students' Union have received a letter from Mr. Hallett, thanking them for their trouble in arranging the testimonial that was presented to him, and "thanking all those gentlemen who subscribed to it, and wishing them all the best of luck in their forthcoming examinations."

* * *

It is very unfortunate that we should lose the services of one of our best forwards at the very beginning of the Rugby season. W. M. Capper is at present in Bowlby Ward. The offending ilium has been successfully dealt with, and the patient is now complaining of nothing except the incessant and manifold noises of the New Block. It is hoped that he will be able to play again in about a couple of months.

OBITUARIES.

SIR FRANCIS H. CHAMPNEYS, Bt., M.D.

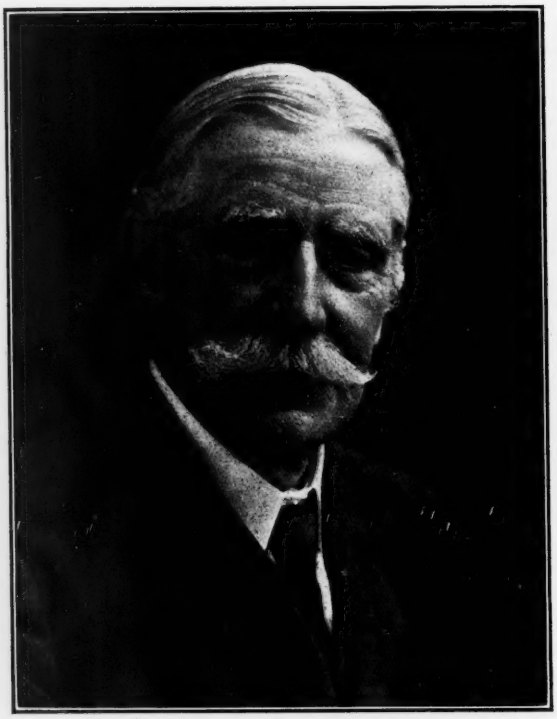
The death of Sir Francis H. Champneys on July 30th removes almost the last of the Oxford medical graduates educated between 1860 and 1870 under the old system, which first made them gentlemen and scholars, afterwards distinguished physicians or surgeons. Amongst them were Dr. Bridges the Poet Laureate, who remained at Oxford; Sir Seymour Sharkey and George Gulliver of St. Thomas's; Pridgin Teale at Leeds; G. A. Wright at Manchester; Sir William Church, Samuel West and William Bruce Clarke at our own Hospital.

Champneys was a son of the Church in which his great grandfather, his grandfather and his father were dignitaries, and throughout life maintained the faith, being a devout worshipper at St. Alban's, Holborn, where he numbered Father Stanton and Father Russell amongst his friends. He was passionately fond of music from his school-days onwards, and was known as a composer of anthems which are frequently sung, as the mainstay of a society for the revival of Church music, as the author of articles in Stainer's *Dictionary of Musical Terms*, and as a member of the Executive Committee of the Royal College of Music.

Born on March 25th, 1848, he entered Winchester College as a scholar in 1860, and matriculated from Brasenose College, Oxford, in 1866. Four years later he graduated B.A. after gaining a first class in the Honours School of Natural Science. He rowed bow at Henley in 1868 on the occasion of the historic race for the Stewards Cup. The boat was designed especially for a coxwainless four, but the stewards insisted on a cox being taken. A man was therefore made to sit across the canvas when the start was made from the island and was dropped overboard immediately after the start. Brasenose won easily and was disqualified, but in the following and subsequent years a prize was given to the winning coxwainless four.

In 1872 Champneys was elected to a Radcliffe Travelling Fellowship, having received his medical education at St. Bartholomew's, and as Radcliffe Fellow studied at Vienna, Leipsic and Dresden. He acted for a time as Assistant Physician at the Dresden Lying-in Hospital and had determined to devote himself to midwifery as his life's work. On his return to England he was appointed Medical Tutor in our School and Assistant Physician at the General Lying-in Hospital, York Road. Shortly afterwards he was elected Obstetric Physician and Lecturer on Midwifery at St. George's Hospital and here he remained until 1890, when he was chosen to fill

similar positions with us which had become vacant by the sudden and unexpected death of Dr. Matthews Duncan. As a lecturer and teacher Champneys confined himself to the obstetrical side of his subject, and so long as he remained Physician-Accoucheur all operations were performed by his surgical colleagues. He resigned on attaining the age of 65 in the year 1913.



F. H. Champneys.

Many honours came to Champneys: a baronetcy in 1910; President of the Obstetrical Society in 1895–6; President of the Royal Society of Medicine 1912–14; a Crown Nominee at the General Medical Council; President of the General Lying-in Hospital. In all he performed the duties courteously, pleasantly and with dignity. He married Virginia Julian (d. 1922), daughter of Sir John Warrender Dalrymple, seventh baronet, of North Berwick. His elder son died of wounds received in action in 1915; his second son, Weldon Dalrymple-Champneys, of Oriel College, Oxford, who served as a Captain in the Grenadier Guards, and is now engaged at the Ministry of Health, succeeded to the title. His only daughter Margaret, well known as an interpreter of Bach's contralto solos, is married to the Rev. Eric Southam, Vicar of St. James's, Bournemouth.

Champneys carried on the great midwifery tradition brought from Edinburgh by Dr. Matthews Duncan—a tradition of absolute truthfulness, sound knowledge, sturdy common sense and a freedom from the petty jealousy which so often beset his predecessors and led to unseemly quarrels. He deliberately modelled his teaching upon that of Dr. Matthews Duncan, and even when he was Obstetric Physician at St. George's Hospital would go down daily to his master's lecture and take copious notes of what was being said. To the end of his life he took a lively interest in his profession, and was helpful in the foundation of the College of Obstetrics and Gynæcology. D'A. P.

LEONARD PORTAL MARK.

Leonard Portal Mark had a long connection with the Hospital, beginning on October 1st, 1875, when he entered as a medical student, because Dr. Patrick Black, who was then the senior physician, had married his aunt. He passed through the ordinary course without any special distinction, and as soon as he had received the College Diploma he filled the post of Assistant House Surgeon at the Sussex County Hospital, Brighton, and House Surgeon at the Richmond Hospital, Surrey. He then obtained the L.R.C.P. and the L.S.A., and became House-Physician at the York Road Lying-in Hospital. Subsequently he was Resident Clinical Assistant at Bethlem Hospital. He made a voyage before settling down in general practice, visiting Australia, and he even thought for a time of practising at Calcutta.

Returning to England he began to practise in Sydenham, but he soon moved to London. Eventually he obtained a share in the partnership of Cripps, Lawrence and Cosens, to fit himself the better for which position he took the M.D. degree at the University of Durham in 1899. Having time on his hands, for patients were not numerous, and being known as a skilful painter in water-colours and somewhat of an etcher, Mark accepted an invitation to become Pathological Draughtsman to the Hospital, when Thomas Godart, who had held the post for many years, went to Australia. The duties were ill defined and the times of attendance erratic. An unusual case in the wards or the out-patient room or something of interest in the post-mortem room caused the Curator of the Museum to telegraph, and in a short time Mark had arrived to draw what was wanted; otherwise he came down two or three afternoons every week to see if there was anything to be done. This post

he held from about 1885 until the time of his death, though of late years it was a sinecure.

So far Mark's life was uneventful. His health was not very good; he suffered from headaches which, he was told, were due to eye-strain, and he had difficulty in making his jaws meet. The friends with whom he worked—notably Sir Archibald Garrod and Sir D'Arcy Power—noticed as early as 1892 that his facial appearance was changing, and that his hands were altering in shape. Apparently they did not speak of the matter to him, for he says that it was not until November, 1895, that it suddenly dawned upon him as he was walking across Cavendish Square that he was becoming acromegalic. The symptoms became gradually more marked and the disease ran its course, crippling him and making him an invalid, but seemingly without shortening his life, for he died at the age of 75. His mental faculties were unimpaired, and he studied his own case with care, publishing the results at which he had arrived in *Acromegaly: A Personal Experience*, which appeared in 1912, and supplementing the volume with *The Apologia of an Acromegalic* in 1927.

Within the last month he sent to his friends a small, privately printed volume, entitled *More Reminiscences of Boyhood spent at Marseilles*. Completely bilingual, for he was born and educated in France, Mark's services were called upon at the International Congresses and other polyglot gatherings. They were always given cheerfully and usefully.

CHARLES BUTTAR.

An Appreciation.

I'm afraid "Charles" was the last person in the world to like an obituary notice of himself; his last conscious words might have been, "Don't write any such balderdash; no biographer can tell what I really was. I've tried to be useful and that's that"; and he would say, "If I have helped anyone to sift wheat from chaff, or to get pompous asses to see what asses they are, or if I have got to understand my own littleness, I shall not have lived in vain."

We, whom he has left, like to think that somewhere and somehow he may not mind our expressions of love and respect for him, that somewhere in that Valhalla of great Bart.'s men there may be his great, genial laugh; that now he may know the truths he was ever so valiantly striving after, waiting for us to join him, anxious to tell us what he has found. Who knows?

Buttar indeed was a great man—perhaps too great to become well known to the public. He was one of those sons of St. Barthomolew's working for others behind the scenes, like some village Hampden steadying folks from pettiness and silliness. No cynic he, only terse and straight. If he laughed at others he also laughed at himself. His "Tosh" meant, "don't grouse, don't gas; look for the true inwardness of things." His article, "Medicine and Religion," in the book *Medicine and the Church* deserves a separate issue. It shows the calm reasoning and clarity of view characteristic of him. How wistfully he would wait to be convinced that idealism was sufficient, yet that aspiration was often as valuable an attainment. What a good all-round man he was—a good classical scholar, a sound physician, the safest of anæsthetists, a motorist who helped the public and fellow motorists; what a friend he was to poor patients, what a vast amount of work he did in medico-politics, how valuable on his many committees!

Charles Buttar died before he had to suffer the grievousness of illness and old age. Of him it may be said, as Tacitus wrote of Agricola—if, as wise men believe, noble souls do not perish with the body, rest in peace. Let us honour thee not so much with transitory words but with our reverence; and if our powers allow, with our emulation. That will be the true respect, that the true token of love.

W. H. Maidlow.

SPONTANEOUS PNEUMOTHORAX.

SPONTANEOUS pneumothorax, though not a rare condition, is perhaps sufficiently uncommon for the following four cases recently in the wards under the care of Dr. Hinds Howell to prove of some interest.

This thoracic accident is usually regarded as one of the medical emergencies, yet only one of these four cases required emergency treatment, which unfortunately was unavailing.

Case 1.—E. H—, boy, æt. 15. Complained of cough and pain in the chest. History of present condition: Cough without sputum for three weeks. On day of admission, sudden onset of severe dyspnœa and pain over the lower part of the sternum after a fit of coughing. There was a very strong family history of tuberculosis. Condition on admission: The patient was orthopnœic and cyanosed, with an anguished expression and cold, clammy perspiration. Temperature 98·8° F.; pulse, 116; respirations, 44. *Chest*: area of cardiac dullness not definable. Heart-sounds best heard to the right of the sternum. On the left side, greatly diminished movement, absent vocal fremitus, hyper-resonance, absent breath-sounds and feeble vocal resonance. There were showers of crepitations over the right side. No bell sound and no metallic tinkling. The patient was put to bed and given a hypodermic injection of morphia (gr. $\frac{1}{6}$). Progress was very favourable for four days, when he had a sudden attack of urgent dyspnœa with cyanosis whilst at stool. He became very restless and was given oxygen and a morphia injection (gr. $\frac{1}{4}$). His chest was needled on the left side and air could be heard coming out. Within an hour he had settled down. On the following day he had a similar attack and similar treatment, except that on this occasion

air was withdrawn with the aid of an artificial pneumothorax apparatus. Unfortunately, surgical emphysema appeared, which rapidly spread over the entire body and he died five hours after the onset of the attack. Permission for an autopsy was refused.

CASE 2.—M. H—, girl, æt. 16. Complained of cough. History of present condition: Cough and hoarseness of voice for four months, worse during the last six weeks after onset of pain in the right side of the chest. Nine days before admission pain became very severe and she coughed continuously for two hours. Family history: Father with phthisis at home. Condition on admission: Temperature, 100° F.; pulse, 110; respirations, 25. In obvious respiratory distress, alæ nasi working. *Chest*: Apex-beat beyond left anterior axillary line, right border to left of sternum. Sounds natural. The right side of the chest looked fuller than the left, but moved much less. On the right side, percussion note "boxy," breath-sounds very faint, but amphoric, and the bell-sound positive. The left side of the chest was apparently normal. The liver was displaced downwards. A week later a succussion splash was obtained. Tubercle bacilli were found in the sputum. The right lung slowly re-expanded, but was not completely so by the time she went to a sanatorium six weeks later.

CASE 3.—G. M—, man, æt. 49. Complained of cough and shortness of breath. History of present condition: Chronic bronchitis for twelve years, with moderate sputum. Ten weeks ago, while putting on his braces, he suddenly became very dyspnœic. There was no pain and no increase in his sputum. Later he was seen at the Royal Chest Hospital, where a diagnosis of right-sided pneumothorax was made. Past history: Bilateral pleurisy in 1928. Condition on admission: Patient was a pale, thin man without dyspnœa or cyanosis. Temperature, 100·8° F.; pulse, 98; respirations, 20. *Chest*: The heart was slightly displaced to the left, but otherwise normal. On the right side, diminished movement, markedly diminished vocal fremitus, percussion note impaired at the base, hyperresonant above, breath-sounds faint vesicular. The bell-sound was audible in the interscapular space, but there was no metallic tinkling. Succussion splash was not attempted. The liver was not displaced. The right side was explored and a clear fluid obtained. Sputum, examined for tubercle bacilli, was negative. He gradually improved and was discharged three weeks later. At present he has no physical signs and is gaining weight.

CASE 4.—S. G—, man, æt. 21. Complained of shortness of breath and pain in the chest. History of present condition: Sudden stabbing pain in the left side of the chest whilst walking one week ago. It had eased since then, but he had become very breathless. He had a slight cough without sputum after any exertion. For two years he had felt run down with lassitude, anorexia and vague dyspepsia. Past history and family history were negative. Condition on admission: A thin, weakly individual, dyspnœic and slightly cyanosed. Temperature, 98·4° F.; pulse, 96; respirations, 34. *Chest*: Symmetrical shape. Apex-beat in fourth right space, ½ in. from right border of sternum. Sounds natural. Left side of chest, greatly diminished movement, absent vocal fremitus, hyperresonant note and absent breath-sounds. There was an amphoric quality to the voice-sounds and metallic tinkling was heard. The coin sign, though quite different on the two sides, did not yield a true bell-sound. No succussion splash. Progress was satisfactory, except for an attack of pleurisy without effusion on the right side a month after admission. Within six weeks the lung had completely re-expanded and he now awaits sanatorium treatment.

It will be seen that these four cases vary in a great many respects, and that each individually differs in some degree from the typical text-book case either in regard to the history, physical signs or both. To take only one physical sign—breath-sounds. These we expect, typically, to be absent, yet in two of the above cases breath-sounds were present—vesicular in Case 3, amphoric in Case 2. Text-books lead us to believe that the bell-sound can nearly always be obtained, but it was absent in two of these cases although frequent attempts were made to elicit it. Case 1, alone, had a really acute onset with urgent respiratory distress, the others showing varying degrees of severity of onset.

Therefore the liability of spontaneous pneumothorax to present marked variability of physical signs must be remembered, and then, when the occasion arises, the condition can be fearlessly diagnosed even though the percussion-note be dull, the breath-sounds present and the bell-sound absent, but always using the position of the apex-beat as a valuable guide.

Causation.—The causes of spontaneous pneumothorax will not be fully considered here as any text-book gives an adequate list, but there are two causes which should be emphasized. Experts hold tuberculosis responsible for 80–90% of cases, and in this connection it is interesting to see that there is some factor in each of these four cases, either in the physical findings or in the history, personal or familial, suggestive of a tuberculous origin. In Case 1 the suggestive factor is the family history; in Case 2 tubercle bacilli were actually found; in Case 3 there was a history of pleurisy, and the presence of a hydropneumothorax is an additional point; in Case 4 a history of two years' lassitude and dyspepsia, the attack of pleurisy on the opposite side whilst in the ward adding weight to the supposition. The other cause is one which is not mentioned in most of the text-books of general medicine. It is also one which may likely become an even commoner cause owing to the increasing employment of artificial pneumothorax.

Spontaneous pneumothorax may follow or be superimposed upon an artificial one in one of two ways: (1) as a result of puncturing the visceral pleura during an induction or refill, or (2) as a result of the rupture of an adhesion producing a laceration of the visceral pleura and underlying lung substance. In (1), if the needle lacerates the pleura during an induction of artificial pneumothorax the consequences may be serious—from the immediate shock and the later effusion, which frequently becomes purulent. If, on the contrary, the laceration occurs during a refill, subsequent events are likely to be less dramatic as the injured lung is partially or completely collapsed and the wound is smaller. In (2), the tearing of an adhesion, resulting from increased intrapleural pressure during the act of coughing, may lay open a cavity or caseous focus in the lung. If this occurs a fatal pyopneumothorax is probable.

Spontaneous pneumothorax, if due to tuberculosis, is followed in the majority of cases by a hydropneumothorax, but only rarely so if of non-tuberculous origin. Only two of the four cases detailed here developed an effusion, but Case 1 died before the time at which one expects an effusion to occur.

Treatment.—In the milder cases, putting the patient to bed and a hypodermic injection of morphia is all that is required as immediate treatment. In those cases where dyspnœa and cyanosis are more marked intranasal oxygen may be beneficial. In the acutest cases, with a rising intrapleural pressure and increasing mediastinal displacement aspiration of the affected sides is definitely indicated. These cases usually have a valvular opening in the visceral pleura, whereby gas enters the pleural cavity during inspiration but cannot be expelled during expiration. The treatment then is to insert a medium-sized exploring needle into the pleural cavity, having the needle attached to a piece of rubber tubing which is dipping into a bowl of water, placed for preference on the floor or on a low stool. This will act as a safety-valve and air will not be sucked into the pleural cavity during inspiration.

A possible complication is that the second spontaneous pneumothorax closely following the first may be on the opposite side, and in this eventuality immediate diagnosis and treatment is more than ever urgently called for. As with fluid in the chest, the gaseous effusion should be gradually and slowly withdrawn, otherwise severe dyspnœa, paroxysmal cough and frothy expectoration may occur, in addition to the possibility of the wound in the visceral pleura reopening as a result of the sudden fall in intrapleural pressure.

The diagnosis of spontaneous pneumothorax may be a simple or an exceedingly difficult matter, owing to the variability in physical signs and in the immediate effects on different individuals. As happens in pulmonary tuberculosis, the condition may be latent, and only revealed by a careful routine examination or by an X-ray. On the other hand, where the diagnosis is obvious, it may be so catastrophic in onset that minutes wasted may mean a life thrown away.

Finally, if this condition is borne in mind during the examination of the chest, and especially where there are anomalous signs present, the diagnosis of spontaneous pneumothorax would be more frequently, yet correctly, made.

I wish to express my thanks to Dr. Hinds Howell and to Dr. Chandler for permission to publish the notes of these cases, also to Dr. Maxwell for much helpful advice and criticism. R. D. ROBINSON.

INFANT FEEDING SIMPLIFIED.

Reference to a simple method of infant feeding in an article on "A Year in an American Medical School," published in the September JOURNAL, has aroused considerable interest. The author, Dr. Gaisford, who is Resident Medical Officer at the East London Hospital for Children, Shadwell, has contributed the following notes in response to numerous inquiries as to the exact methods of preparing acid milk.—ED.

IN giving somewhat fuller details of the feeding methods employed at the East London Children's Hospital, may I state at the outset that "lactic acid milk" is not regarded as the only form of feeding on which babies will thrive successfully? It was used this year at first as an experiment, and later as a routine, and the results have been eminently satisfactory.

Essentials for a Successful Formula.

For artificial feeding to succeed, certain essentials must be observed, and failure of any one of these leads to failure of the feeding as a whole.

These essentials may be stated briefly as follows:

1. 50 calories per lb. of *expected* body-weight per day.
2. 1½ oz. of cow's milk per lb. of expected body-weight per day. (This provides the optimum quantity of protein, and a sufficiency of mineral salts and vitamin B.)
3. Water equivalent to 15% of the actual body-weight per day.
4. Sufficient vitamin A, C and D.
5. Added carbohydrate (of which the optimum is 1 oz. to every 10 oz. of milk).
6. Freedom from harmful bacteria.
7. Digestibility in the quantities given.

Whole lactic acid milk, prepared from pasteurized or boiled milk, with 3 oz. of carbohydrate added to each quart plus a sufficiency of cod-liver oil and fruit-juice fulfils all these essentials, and is therefore a perfectly good formula for the artificial feeding of any normal infant.

Failure to gain weight on an adequate quantity of such a formula nearly always means infection, and should lead to a prompt inspection of the ears, nasopharynx and urine.

Advantages of Acidifying the Milk.

1. The curds are small, and no further curdling occurs after ingestion.
2. The buffer substances which normally render cow's milk less digestible than breast-milk are neutralized and the digestibility becomes equal to that of breast-milk.
3. The milk keeps better in hot weather.

4. The acid inhibits the growth of harmful organisms in the milk.

5. Because of the increased digestibility whole milk may be given at any age, thereby increasing the caloric value of the feed and diminishing its bulk.

Methods of Acidifying the Milk.

(a) *Cultural.*—By inoculating the milk with a culture of *Streptococcus acidi lactici* (or *B. bulgaricus*). This method is not yet generally practicable, though the United Dairies prepare such a milk for the Hospital, and it is hoped that it may soon become a commercial product.

(b) *Chemical.*—One quart of boiled or pasteurized milk is placed in a sterile basin. The milk must be cold.

One teaspoonful of B.P. lactic acid is diluted with an ounce of water and this is slowly poured into the milk with continuous stirring.

To get a uniformly fine curd this procedure takes about ten minutes.

Choice of Carbohydrate to be Added.

In adding such a high percentage of carbohydrates it is necessary to employ a mixture of two or more to prevent the occurrence of diarrhœa. To those who can afford it, a proprietary dextrimaltose will do satisfactorily.

Instead of this we have used (*a*) commercial glucose (which costs about 2¼*d.* per lb.). This consists of a mixture of dextrin, maltose and dextrose in varying proportions, usually with about 35% of dextrin, and does excellently. The syrup is poured into a tablespoon and six spoonfuls mixed with an equal quantity of hot water to lessen the viscosity, and the resultant mixture added to one quart of the acid milk and well stirred.

(*b*) a powder composed of—

Dextrin 50%.
Dextrose, Cane-sugar āā 25%.

This costs about 9*d.* per lb.

An equivalent quantity is used (3 oz. by weight to each quart), and when mixed into a paste with a little milk can be rapidly added to the bulk, and then merely requires to be thoroughly stirred in with a spoon or fork.

The formula so prepared is then bottled and kept till required. Before feeding it has simply to be warmed to body temperature.

Notes.—Before feeding, the milk must be thoroughly shaken to ensure uniformity of consistence.

The nipple will have to have its hole enlarged till the thickened mixture flows through at the usual rate. (This may be done with a red-hot needle.)

Routine of Feeds.

Lactic acid milk should usually not be fed other than on a 4-hourly schedule, and 5 feeds a day are ample after the third month, except in cases of extreme malnutrition.

a.m.
6. Formula.
8. ℥ss–℥j cod-liver oil.
10. Formula.
12. ℥ss–℥j fruit-juice.

p.m.
2. Formula.
4. Water offered if awake.
6. Formula.
8. ℥ss–℥j cod-liver oil.
10. Formula.

The antiscorbutic vitamin may be supplied in the form of orange-juice, tomato-juice, or cabbage-water. The juice from tinned tomatoes does excellently and is used as a routine at the Hospital, as it is cheaper than oranges and more palatable than cabbage-water.

The formula described may be used unchanged throughout the first year, though with the addition of other forms of carbohydrate after the sixth month the quantity added to the milk may be decreased to 2 oz. per quart at six months, and 1 oz. per quart at the ninth month. It may be used for all "well babies" and a great many ill ones. To those who say it is impossible to feed all babies on any one stereotyped formula and that every baby is a law unto himself the uniformity of composition of breast-milk must take some explaining, for breast-feeding is successful in something like 85% of cases.

Volume of Feeds.

Acting on Dr. Marriott's advice we have allowed all "well babies" to take as much of this formula as they will. This, after all, is but common sense, for who are we to decide arbitrarily how much a baby shall have? His appetite will vary from feed to feed, according as he has slept or been active or hot or cold since his last feed. A breast-fed baby seldom takes the same quantity at two successive feeds, and our aim in artificial feeding is to get as near as possible to the conditions existing in the naturally fed baby. The first feed offered is usually 2 oz. more than the age of the infant in months—*i. e.*, a 3-month infant is started on a 5-oz. feed. Subsequent feeds are dictated by appetite; I have seen a baby of 4 months take a 16-oz. feed and go to sleep happily for the first time for weeks! Many of the nutritional

disorders are due to underfeeding—certainly many more than are due to overfeeding.

The formula may be used by itself, or for complemental or supplemental feeds. Babies are perfectly willing to take it immediately after the breast, or before it, or instead of it.

Usually after the sixth or seventh month a baby has acquired a taste for sweet milk, and then the introduction of acid milk meets with some opposition. This is overcome in most cases after starvation for 6–8 hours, when acid milk is taken with avidity.

Indications for Altering the Formula.

In cases of diarrhœa of enteral origin the milk should be skiHmed before adding the acid, and 5% dextrin substituted for the usual carbohydrate mixture.

In parenteral diarrhœa (*e. g.* that due to acute otitis) there is no indication for any radical change in the formula, but the quantity of feed offered should be diminished on account of the lessened gastric juice secreted. With the subsidence of the primary infection the diarrhœa will cease spontaneously.

In Canada many pædiatricians prefer to use orange-juice to acidify the milk, and a favourite routine formula (for use specially in complemental feeds) is—

Milk	. . .	7 tablespoonfuls.
Water	. . .	3 ,,
Sugar	. . .	2 teaspoonfuls.

Mix and boil. When cool add 3 teaspoonfuls of orange-juice and stir thoroughly. We have found this to be well taken but to cause rather coarser curds than the lactic acid.

To those interested in the subject of infant feeding may I commend Marriott's *Infant Nutrition* (Kimpton) and Goldbloom's *Care of the Child* (Longmans, Green & Co.)?

In concluding these brief notes I should like once more to acknowledge my great indebtedness to Prof. Marriott, Chief of the Children's Hospital in St. Louis, where the essentials of the technique outlined above originated, and to express my thanks to the Staff of the East London Hospital for Children for having allowed some 150 infants to be fed by his methods.

Wilfrid Gaisford.

ACKNOWLEDGMENTS.

The British Journal of Nursing—The Clinical Journal—Les Echos de la Médecine—L'Echo Médical du Nord—Giornale della Reale Società Italiana d'Igiene—Guy's Hospital Gazette—The Hospital—The Kenya and East African Medical Journal—The League News—The Medical Journal of Australia—The Nursing Times—The Post-Graduate Medical Journal—The Queen's Medical Magazine—St. George's Hospital Gazette—St. Mary's Hospital Gazette—The Speculum (Melbourne)—University College Hospital Magazine.

SCHLATTER'S DISEASE BEFORE AND AFTER SCHLATTER.

An Eponymic Note.

THE fascinating rarity of Schlatter's disease ensures for its proprietor a conscientious biography from his orthopædic surgeon, a delighted welcome from the careworn examiner, and the speculative interest of the philosophically-minded student. Knowledge of its natural history remains nevertheless as meagre and conjectural to-day as it was twenty-seven years ago, when the first account of the disease was published.

What is known in this country as Schlatter's disease was independently described in the early part of 1903 by Robert B. Osgood of Boston and by Karl Schlatter of Zürich. Osgood's paper, dated January 29th, appeared in the *Boston Medical and Surgical Journal* (1903, cxlviii. 114) under the title "Lesions of the Tibial Tubercle Occurring during Adolescence," the article being illustrated by a series of radiograms. The author's conclusions were as follows:

"The adolescent tibial tubercle, from its situation and mode of development, is susceptible to injuries, especially in athletic subjects. These lesions are usually caused by a violent contraction of the quadriceps extensor. Fracture and complete avulsions of the tubercle are rare, cause loss of function, and are easily diagnosed, usually clinically and always by means of the X-ray. Avulsions of a small portion and partial separation of the tubercle are more common. They do not cause complete loss of function, but without treatment, long continued, serious annoyance. The diagnosis should be made by a combination of the clinical and X-ray pictures, and before the latter are accepted both knees should be skiagraphed and accurate technique observed."

Schlatter's paper appeared in May of the same year in the *Beiträge zur klinischen Chirurgie* (1903, xxxviii. 874) with the title "Verletzungen des schnabelförmigen Fortsatzes der oberen Tibiaepiphyse," and was also illustrated by X-ray photographs. Schlatter showed that the date of appearance and of fusion of the epiphysis varies greatly with the state of development, constitution, and race of the individual. In the majority of cases the epiphysial process originates in a bony nucleus lying upon the tuberosity. The point of junction with the epiphyseal plate forms a *locus minoris resistentiæ* where negligible violence may produce a solution of continuity. The disease affects chiefly males between the ages of twelve and seventeen, and in the author's cases the right knee was involved in seven cases, the left only in one. The disease is produced by a fall on the knee or by indirect violence such as the muscular pull of the quadriceps. Pain in the knee, long-lasting rather than intense, may at first be negligible, so that the patient has difficulty in dating the onset of the disease. Functional disturbance is only slight,

although muscle atrophy may result from disuse. Pressure on the tubercle, which may be very prominent, produces pain.

In a second paper, published five years later in the same journal (1908, lix. 518) under the title "Unvollständige Abrissfrakturen der Tuberositas tibiæ oder Wachstumsanomalien?," Schlatter confirms his earlier view of the traumatic nature of the lesion, while carefully disowning cases of complete separation of the epiphysis. The gross physical signs and the dramatic history of these latter cases had already in the pre-Röntgen days attracted the study of surgeons, headed by Müller in 1888 and duly chronicled by Poland in 1896 (*Traumatic Separation of the Epiphyses*, London, 1898, ch. vi, 816).

While both Osgood and Schlatter favour trauma as the main ætiological factor, others have invoked the influence of an inflammatory process, or of a constitutional disturbance showing itself in a tendency to spontaneous incomplete fracture and epiphysis—"lockerung," most frequently of the tubercle of the tibia.

The credit for the classical description of the disease as a clinical entity belongs to both Osgood and Schlatter, wherefore the name Osgood-Schlatter's is preferable to Schlatter's disease, and this name, dictated by historical and alphabetical justice, has been adopted by the *Quarterly Cumulative Index Medicus*.

The history of Osgood-Schlatter's disease began in 1903, the history of "strain or partial separation of the tubercle of the tibia" at an earlier date. An intelligent search through the records of surgery would inevitably yield some hint of a description. The casual reading of *Studies of Old Case-books*, published in 1891, on the evening of seeing a case, revealed that Paget at least had not failed to observe it.

> "Much more common," he writes in the chapter on 'Periostitis following Strains,' "are the enlargements of the tubercle of the tibia which are often seen in young people much given to athletic games. They complain of aching pain at and about the part, especially during and after active exercise, and the tubercle may be felt enlarged and is often too warm. The pain often continues, more or less, for many months, and there may be enlargement of the bursa under the ligamentum patellæ, and the tubercle may remain too prominent; but common as are these cases, especially in our public schools, I have never known grave mischief ensue in any of them, and they get well of themselves. They may represent one of the least degrees of periostitis due to strain; the increase of the prominence of the bone is only just beyond that which may be deemed the normal limit for the attachments of vigorous muscles."

Paget clearly knew the condition well. Perhaps a little leisure, or the call of an editor for an article, certainly the sight of a radiogram, would have linked yet another disease with his illustrious name.

By such threads of circumstance hangs eponymic immortality.

W. R. BETT,
ALFRED FRANKLIN.

MUSEUM MUSINGS.

IN the course of a medical career many sights and experiences imprint themselves indelibly on one's memory, but perhaps one of the most vivid is one's first glimpse of the Pathological Museum. It is difficult to forget how (having recently crossed the Rubicon of the Second Examination, or even having deserted, out of curiosity, the mysterious organization of the batrachians and lower mammals) one stole diffidently into the vast building and stood and gasped in sheer wonder. That first glimpse is apocalyptic. With exactly such breath-taking awe do people gaze, for the first time, at the mighty waters of Niagara, or the ice-bound peaks of the Himalayas.

What an epic of disease! What an apotheosis of human suffering—of pain and fear and despair; of lonely vigils in the night; of the anguish of suspense—a tale of woe surely Dantesque in its magnitude!

Where also is the mighty statistician to record the leagues of catgut used in countless operations, or the sea of flavine and paraffin, the number of square miles of gauze, or the volume of invective shed by how many perspiring surgeons?

One can but sit and ruminate (instead of diligently applying oneself to one's work) on the manifold aspects of human joy and sorrow. One is struck by the fact that there is immortality—of a kind. There is no such thing here as total extinction, although, maybe, it is chiefly our weaknesses which are perpetuated. Here, for example, is a monument (in the shape of a "hob-nailed" liver) to a man who loved strong drink, and here an aortic aneurysm of a man who lived not wisely but too well. Here, too, is the gall-bladder of a famous surgeon in which was found the greatest number of stones ever recorded! Mankind longs for immortality. It is a fundamental aspiration which is forever at the back of human consciousness in all its phases. Thus, the poet sings:

> "We seek the City of God and the haunt where beauty dwells,
> And we find the noisy mart and the sound of burial bells.
> "... Friends and loves we have none, nor wealth nor blessed abode,
> But the hope of the City of God at the other end of the road."

Even the lurching inebriate, responding to the last faint urge of a rapidly-dimming consciousness, must fain sing:

> "And when I die, don't bury me at all;
> Just pickle my bones in alcohol."

And what cares Nature for the sanctity of human life? Alas, poor fœtus! Perhaps, had the Fates been more propitious, the world would have gained a great

warrior or a great poet. Let us indeed mourn thee as a "mute inglorious Milton," or a "Cromwell guiltless of his country's blood!"

Sooner or later in one's passage to Olympus, one realizes that one is not so much in a Museum as in an art gallery. Who has not seen a learned pathologist crooning over his favourite specimen, or shedding maudlin tears over a beautiful infarction of the spleen or rare psammoma of the brain (whatever that may be)? And I believe that people have come great distances to see the original specimen of carcinoma of the nipple, described by Paget, in exactly the same way that others travel to Italy to see the exhibition of the great Italian Primitives! Thus is a horrid cankerous growth metamorphosed into a thing of great beauty when removed, covered with alcohol, and "hung" in its appropriate corner. For does not the very essence of all beauty lie in appropriateness in time and space? The Museum further resembles an art gallery in its general atmosphere of quiet and repose. If only those hard stools could be replaced with something more comfortable! Ah! how one could sit and meditate to one's heart's content, and what refreshing intervals of sleep . . . !

The Museum is also a memorial to the never-ending progress of the Science of Medicine. One cannot, for instance, help comparing the extremely primitive truss (shown in one case) "used by Arabs on the White Nile" with the highly efficient appliance of to-day; while such archæological relics as cupping glasses, and "bougies consisting of waxed paper rolled on a central core," fill us with reverent but unmistakable mirth. So also do such exhibits as "Bone Surgical Syringes (*circa* 1550, dug up in Shoreditch)" and "portable candlesticks for ward use."

It is interesting to note that although times and methods change, pathology changes but little, and medical students not at all. Thus, we are told, the monaural wooden stethoscopes, still used occasionally, evolved gradually from the Laennec type, which was cylindrical. The gradual "slimming process" was the result of successive scrapings with pocket-knives while students were waiting for tardy lecturers. In these days of binaural stethoscopes this is no longer possible, and so the restless, slightly destructive energy which every medical student possesses in some degree is utilized in carving initials and caricatures on the benches of the Anatomical and Medical and Surgical Theatres. Perhaps here, too, one may discern that longing for immortality aforementioned! How one's bosom swells with pride on moving to the opposite side of the Museum to behold the imposing array of electric ophthalmoscopes and specula shown by courtesy of the House of Arnold!

The Pathological Museum contains many such fascinating little corners if one chooses to go a little off the beaten track. It is a positive treasure-house for those interested in materia medica, while for the would-be comparative anatomist there are skeletons of cormorants, pelicans, alligators and orang-outangs. However, there are still those who cling to the old-fashioned belief that the primary use of the Museum is to gain a knowledge of pathological processes sufficient to satisfy an obsessed but, alas! omnipotent Board of Examiners.

John Landon.

PLARR'S LIVES.*

"Each man according to his capacitie or understanding may reap commoditie out of it." *Montaigne.*

A NEW book has got itself somehow on to our bookshelf of late, having sidled its way into a space that we had hardly noticed between Munk's *Roll of the Royal College of Physicians* and the long, scarred regiment of the D.N.B. *Plarr's Lives of the Fellows of the Royal College of Surgeons of England* is its imposing title; *Plarr's Lives* will be its name.

It is fitting that Victor Plarr should be thus commemorated. As Librarian to the College he had begun in 1912, at the suggestion of Sir John Bland-Sutton, to collect material for a biographical record of the Fellows, and had continued in this enterprise until his death early in 1929. His notes have been revised, his references amplified, his manuscript re-arranged, yet the spadework and the credit remain essentially his. This by no means belittles the reviser's work; it is as true to say that without the long and careful labour of Sir D'Arcy Power, present Honorary Librarian at the College, and of his assistants, Mr. Walter G. Spencer and Prof. Gask, the manuscript would have remained unpublished.

The Order of the Fellows owed its institution in 1843 to Sir Benjamin Brodie, who, in the second generation of the Hunterian tradition, was "great enough to combine the science with the art of surgery." The Order, as its founder intended, has ensured "the introduction into the profession of a certain number of young men who might be qualified to maintain its scientific character." Some of these "young men" cast their shadows—should it be their light?—over two or three

* *Plarr's Lives of the Fellows of the Royal College of Surgeons of England.* Revised by Sir D'Arcy Power, K.B.E., F.R.C.S., with the assistance of W. G. Spencer, O.B.E., M.S., F.R.C.S., and Prof. G. E. Gask, C.M.G., D.S.O., F.R.C.S. Thelwall Thomas Memorial. Printed and published for the Royal College of Surgeons by John Wright & Sons, Ltd., Bristol, 1930. Two volumes, pp. xxvi+752, 596. Price: Cloth 42*s.* net; half bound, 57*s.* 6*d.* net.

pages, just measure of their influence in life. Some are consigned by hard fate to a six-line summary, for the price of the four letters after their names and the sake of completeness. Yet, great and small, they had the bond of the Fellowship in common; and whether they practised surgery with success or failure, or whether they forsook her utterly, between them they have achieved a high and honourable record. The history of the lives and the achievements of the Fellows is the history of modern British Surgery.

Such a book as this, difficult as its begetting must have been, presents its problem also for the reader. A dictionary or a catalogue decently reposing on the shelf marked "for reference" is a simple matter. This is a catalogue and dictionary that is also a book. Should you, in Samuel Butler's analogy, "eat grapes downwards—that is always eat the best grape first"? Or should you with an air of politeness chew through the cluster in the order in which Nature (the nature of the alphabet) has disposed them? It is as though you should arrive in some foreign city, knowing a few inhabitants, bent on knowing all. Shall you haste to call upon your old friends first, or march along the main highway, solemnly knocking at each door in turn? The temptation to be polite and solemn—a grave one in this matter of distinguished surgeons—must be overcome. It is best to wander through the noisy thoroughfares or the back alleys of history, with your inclination as your guide.

Here you will find the noble figure of Sir James Paget, who still holds the greatest fascination for the students of his School; Sir Thomas Smith, the hero of a hundred quips; Bowlby, whom all men delight to honour. Leave your Chauvinism, and here you can con the great ones of other schools—Brodie, Pridgin Teale of Leeds, Syme of Edinburgh, and, above all, Lister, of whose work there is a useful summary. Here the student can learn the recent history of his craft. Names, which are for him the names of instruments, will expand into the personalities of those who made them. The routine practice of the day takes on fresh interest and loses its rigid hold for him, who knows of the battles fought and won for its establishment. Here in this assemblage of medical fates you will read your own: you may well wonder on which page.

History repeats itself, quotes Philip Guedella, historians repeat each other. The Royal College of Surgeons has provided a dangerous weapon for historians in publishing a book so eminently quotable. In future every nineteenth century surgeon will have about him the touch of Plarr. It was inevitable that in the telling of these tales of men so lately dead, some inflection of the obituary manner should be audible. Yet what distinguishes the work is the fact that so much of the writing is based on personal knowledge. The personalities of the Fellows are allowed to stand out in a way unusual in biographical dictionaries. This is the secret of the book's success.

A. F.

STUDENTS' UNION.

ASSOCIATION FOOTBALL CLUB.

At the Annual General Meeting held on May 16th, 1930, the following officers were elected for the season 1930–31:

President.—W. H. Hurtley, Esq., D.Sc.

Vice-Presidents.—Sir Charles Gordon-Watson, F.R.C.S., R. Foster Moore, Esq., F.R.C.S., A. E. Gow, Esq., M.D.

Captain.—C. A. Keane.

Hon. Secretary.—H. J. Roache.

Captain 2nd XI.—R. E. Owlett.

Hon. Secretary 2nd XI.—D. R. S. Howell.

Captain and Hon. Secretary 3rd XI.—H. Rassim.

Committee.—R. G. Gilbert, W. Hunt, A. W. Langford.

Honours for season 1929–30 were awarded to—

R. A. Wenger, J. Shields, R. MacGladdery, F. E. Wheeler, C. A. Keane, H. J. Roache, A. W. Langford, R. Shackman, R. G. Gilbert, C. M. Dransfield, W. Hunt.

HOCKEY CLUB.

We welcome all freshmen and ask those who would like to play hockey this season to sign the paper on the notice-board in the Abernethian Room. There will be a trial game at Winchmore Hill on Saturday, October 4th. Full fixture lists have been arranged for three teams, so it is hoped that everyone who wants to play—including those who would like to begin—will be able to get a game at least once a week. E. W. Burstal and C. Fletcher are Hon. Secretaries of the 2nd and 3rd XI's.

In the 1st XI we shall still have with us eight members of last season's team, including H. L. Hodgkinson (captain), P. M. Wright (match secretary), and F. C. H. White and L. P. Jameson Evans, who are on the selection committee. We shall sadly miss W. F. Church, who has played for us at centre half for the past three years, and to whose unselfish play and leadership we owe so much, and also E. J. Neil and A. G. Williams, who have both been in the team since 1926; we shall indeed be fortunate if we can find three players worthy to take their place, to help us keep the cup they won last year.

J. H. H.

UNITED HOSPITALS HARE AND HOUNDS.

Now that the athletic season has drawn to a close, it is not inappropriate to say a few words about that rather underrated pastime cross-country running. Year after year, on the track, our team always seems to be relatively weak in the longer distances—1 mile and 3 miles. Of course one obvious reason is, that it is so much more tedious running twelve times round a cinder track, than sprinting 100 yards. But in spite of this, there are many men who would take up these races were it not that they find they cannot last the distance, even though they have trained the twelve circuits. They then assume that they will never make long-distance runners, go in for the shorter distances for which they are less suited and never excel in any.

The truth of the matter is that the necessary stamina for 2, 3 and 4 miles cannot be picked up on the track—track training is rather to acquire speed. A good season of cross-country running would give these people all the stamina they require. All the best long-distance track runners of to-day run over the country during the winter.

As an essentially winter sport it is not to be beaten in England. One never has to scratch a run because the ground is too hard, while

the heaviest rains or snows make it all the more enjoyable. There is no other way of making oneself so physically fit, if one trains judiciously and steadily. Finally, added to all are the rural surroundings.

The United Hospitals Hare and Hounds course, at Hayes, Kent, is one of the prettiest, right away from houses, arterial roads, etc. It follows the classical description—blackberries in the early season, occasional rabbits, and a liberal sprinkling of "plough," while the "hot baths" at the finish are unique.

To the prospective beginner it all sounds very fatiguing and monotonous, but this is not so. In the runs at the beginning of the season, when no one is fit, the pace is never too fast for the slowest, and all run at their own speeds. Cross-country running should never be fatiguing when one is just training. It is only when one races that one becomes exhausted, and no one need race for the club who does not want to do so. Training runs are always held, whether there is a race or not.

Finally, very little equipment is necessary. A pair of plimsolls and rugger shorts and vest are all that are required. There is no subscription of any sort, and the fares are cheap—6*s*. 10*d*. return. Every Wednesday about 1.30 p.m. a party of us meet in the Abernethian Room and usually catch the 2.1 p.m. train from London Bridge. There is an excellent return service from Hayes.

All those men at all interested in cross-country running are asked to get in touch with either H. B. Lee or J. R. Strong. All details of fixtures and trains will be put up on the Athletic Board in the Abernethian Room.

J. R. S.

AMATEUR DRAMATIC SOCIETY.

The Amateur Dramatic Society will present their annual entertainment in the first week in January.

All members, and others who are interested, should watch the notice-board for announcements of meetings and rehearsals.

C. K. V.

CORRESPONDENCE.

To the Editor, 'St. Bartholomew's Hospital Journal.'

FIFTY-THREE YEARS AGO.

DEAR SIR,—Recent articles on 50 years ago at Bart.'s stir my own recollections.

I had taken my B.A. and M.A. in Science—in the Queen's University, Ireland, in 1875 and '76—but I could find no employment worth having. It was pointed out to me that I had amply covered all the early scientific courses in medicine and had better take my M.D. I had also been Captain of the XV and of the cricket XI for three years, and a new sphere seemed desirable. So I went to Bart.'s.

I arrived late one night and made my way to the Dean's house. Soon there appeared a figure in a long robe and a pair of high furred boots. This was Norman Moore, with whom I eventually became very friendly. He found my head reeling from sea-sickness I had fought down—knowing no better. So he gave me the pill that is blue and a shake down. But I had then to go into rooms at Islington—none empty in Bart.'s—and of these rooms I recall parties in which the Littles (later I.M.S.) and Dorman (A.M.S.) joined. And of my landlady a notable saying. It had been snowing and this good cockney said: "Oh, Sir! the hice his hover the 'orses 'oofs." But that's merely by the way.

In the surgical theatre one day there appeared a distinguished Frenchman. He was introduced to Smith on Bart.'s Staff. "Oh," said he, "I do know de name of Smid." Said our man—"Yes, that's Smith of London. I'm Tom Smith of Bart.'s."

At one time I was P.M. Clerk to Wickham Legge—a good-looking man with a splendid set of teeth. It was my duty to make a record of a certain suicide who had jumped from the Whispering Gallery in St. Paul's. I was looking at the place a few days ago and an old verger recalled the incident. This poor man had landed on the centre one of three chairs, the two others being occupied by dear old ladies. One can realize their shock! I found one of the upright pieces of the back of the chair had gone through his heart, but curiously enough he didn't seem very much broken up otherwise. Another of my preceptors was Morant Baker. I was quite fond of him and his geniality. His *Physiology* was a delight to me, and when I had mastered it I spent the whole of one night in a run over, going to my bed about 6 a.m.

In those days, '77 to '79, we had three XV's, and I was full back of the first. Before crossing from Ireland I had played for Munster and Ulster. My badge lately turned up in an old box—three golden crowns on a blue shield and this on a white jersey. I looked double the size that I did in black, and our badge was then of wire that tore our adversaries faces sadly. Against a team called the "Wasps" I had a curious experience. I tackled the enemy on the goal line and we had a "Maul in goal"—which I was told I won. I say "I was told." The game stopped a few minutes later. In the dressing-room I suddenly stood up and said, "Where am I." Taylor—our captain—got up and put his hand on my chest and I hit him—nothing much—and he told me I had been hurt, and the cold tap was brought into action. I never could recall the maul, nor our leaving the field. Consciousness was in abeyance, and it is a nice point as to what happens in brain-cells in such cases. Their action in recording as they do a multitude of trifles we are not "conscious" of must be temporarily suspended. I had no subsequent trouble except that exactly a week later I was suddenly and violently sick.

In 1879 I took my M.D. in the Queen's University—now extinct as such—and then joined the A.M.S. under a new warrant that seemed to promise everything. Norman Moore warned me against it, but I had had at least eight years' very stiff brain work, in spite of lots of football and cricket. As to the A.M.S., now termed R.A.M.C.* I will merely say this: If you desire to join the Army, do so as a combatant officer and never get trapped in a department. If you desire to add professional study to the heroic scenes of war, then join a firm that will allow you to go off to every war everywhere.

Except that I try and follow the leading ideas in professional work—as a scientific pleasure—as in reading Langdon Brown's *Physiological Principles*—I now seldom see a ward. But of this I feel sure. Were I, in my next incarnation, to be put to medicine, I would ask (if I remembered) to be allowed into the wards from the very outset. I am a firm believer in subconscious cerebration, and I should like that, from the first day, practical work should sink into my mind, to be read up later. It is more akin to the old apprentice system. I will not argue on the point and take up your space further than this—that it is "thinking" and not parrot knowledge that serves the mind. One half hour a day—perhaps one case only. Another half hour in note-making and reference. In my opinion this is of inestimable value at the outset. I am aware it is not the present system, but I claim support from a recent article in Bart.'s JOURNAL. It says Dr. Langdon Brown believes medicine to be an art best practised at the bedside.

I think I may permit myself to add that my marks at the Entrance Examination for the A.M.S.—ninth place out of 80—were the same as those of the first place for the I.M.S.—on the same paper in November, 1879. So Bart.'s must have taught me something!

Yours etc.,

London, W.; *September*, 1930. T. M. CORKER.

REVIEWS.

CONGENITAL CLUB-FOOT (TALIPES EQUINOVARUS). By E. P. BROCKMAN, M.Ch., F.R.C.S. (Bristol: John Wright & Sons, Ltd., 1930.) Pp. viii + 110. With 92 illustrations. Price 10*s*. 6*d*. net.

The history of congenital club-foot is a curiously erratic chapter in the story of medical endeavour. Never at any time has it seemed quite able to make up its mind between half-hearted manipulation and destructive or constructive surgery. The immense literature of the subject (of which the author gives a pleasing and admirably critical survey) goes back to Hippocrates, who formulated the mechanical theory which has hypnotized the profession. In 1839—pre-Listerian days, when open operations jeopardized limb and life alike—W. J. Little, himself a victim of the deformity, introduced into this country subcutaneous tenotomy of the tendo Achillis as a method of treatment. The reputation of this operation soon became tarnished, for enthusiastic surgeons carried it to extremes. In 1864

* Those who desire to know my views as to the R.A.M.C. may deduce them from my letters to the *British Medical Journal*, published May 2nd, 1925, p. 881, August 8th, 1925, and July 31st, 1926.

the Royal College of Surgeons stimulated new and important research by choosing as the subject for its Jacksonian Prize Essay, "Club-foot: Its Causes, Pathology and Treatment." The prize was awarded to William Adams for his now classical essay.

The position of congenital club-foot in the enlightened days of modern surgery is hardly one of confident esteem or well-merited glory. For its ætiology is as obscure as its treatment is unsatisfactory. Contributions to our knowledge of its pathology and to our therapeutic armamentarium are welcomed. The monograph for review is agreeable to the eye and worthy of its publisher. It represents work done by the author in the Orthopædic Department at St. Thomas's Hospital. Its value was appreciated by the British Orthopædic Association, which awarded it the Robert Jones Medal in 1928.

The author recognizes three varieties of the deformity: The common variety occurring in otherwise normal infants; a rarer type in which there is failure of development of the limbs; and a very rare and exaggerated variety associated with absence of the tibia and some of the toes (arthrogryphosis multiplex congenita of Stern). His new ætiologic theory of the deformity is interesting, for it links congenital club-foot and congenital dislocation of the hip in one category; the deformity is caused by a failure in development to their normal state of all the tissues of the foot, independently of any intrinsic influences, resulting in congenital subluxation of the head of the astragalus in an imperfectly formed acetabulum. The scaphoid and sustentacular portions of the socket are normal, but the portion formed by the inferior and internal calcaneo-scaphoid ligaments is deficient.

The chapter on treatment is well and incisively written. In infants repeated manipulation combined with fixation of the foot in plaster in the intervals should be started seven to ten days after birth. The author deplores the custom indulged in by many surgeons of allowing mothers to manipulate their children. After six months, manipulation should be done under anæsthesia, if necessary with the Thomas wrench. If manipulation fails to cure the deformity, open operation (lengthening the contracted muscles and enlarging the acetabulum) is preferable to subcutaneous tenotomy. Bone operations are confessions of failure. Mr. Brockman has produced a work which will take high rank in the literature of the subject. The value of the book lies in its critical evaluation of existing theories and opinions, its interesting suggestions evolved from a careful comparison of normal and abnormal conditions, and the number and beauty of its illustrations. The book will prove popular with students, housemen and orthopædic surgeons.

INSOMNIA: AN OUTLINE FOR THE PRACTITIONER. By H. CRICHTON-MILLER, M.A., M.D.(Edin. and Pavia). (London: Edward Arnold & Co., 1930.) Pp. xi + 172. Price 10*s.* 6*d.*

This is a book which should well repay the attention of both student and practitioner. After dealing briefly with the general considerations of insomnia, the author very soon commences to bring home to the reader what so many realize in a vague way and so few act upon in a practical manner, namely, the importance of the psychological side of insomnia. In dealing with the general treatment of insomnia Dr. Crichton-Miller stresses the great value of muscular relaxation and of attention to the circulatory system. As regards diet, the author ridicules the idea of a special diet for the insomniac; he also writes with no little sarcasm on an old friend, the glass of hot milk, in its time-honoured *rôle* of soporific. The chapter on Medicinal Treatment is most valuable. The method of administration of hypnotics is a matter that rarely receives more than scant consideration, yet the importance of this side of treatment is clearly shown. The advice to have a thorough knowledge of a few drugs is good, especially as the advent of a new hypnotic is now an event of almost daily occurrence.

The remainder of the book deals with the psychological side of insomnia. The author does not approach the subject biased by any particular school of psychological thought, but gives a general consideration to the views of each school. In a book of this nature, intended as it is for the busy practitioner with little enough time for reading, the subject cannot be treated in detail, but for those who desire to pursue the subject further a carefully considered bibliography is provided. The author deals with psychotherapy, but only with its possibilities, and few would care to adventure into the wide fields of psychotherapy having only such brief instruction as is provided here. Nevertheless this chapter should achieve the author's purpose, namely, to stimulate the general practitioner to a more thorough and sympathetic consideration of what may be accomplished by the use of psychotherapy.

The book concludes with outline records of nine illustrative cases. It is pleasing to see that the cases are selected at random, and do not present a series of nine miraculous and instantaneous cures by the use of psychotherapy.

MODERN INFANT FEEDING. By BERNARD MYERS, C.M.G., M.D., M.R.C.P. (London: Jonathan Cape, "The Modern Treatment Series," 1930.) Pp. 160. Price 5*s.*

Although the results obtained by breast-feeding are far better than those of any artificial method, it appears that the emancipation of women has been accompanied by an increasing inability or psychological unwillingness to adopt the better method. There is, therefore, a real need for sound knowledge of the best artificial methods. This little book is clearly and concisely written; it deals fully with the normal child as well as with the commoner digestive upsets of infancy. The practical side of the matter is always kept in view, and the book will prove particularly useful to the general practitioner.

THE TREATMENT OF CHRONIC ARTHRITIS. By A. H. DOUTHWAITE, M.D., F.R.C.P. (London: Jonathan Cape, "The Modern Treatment Series," 1930.) Pp. 127. Price 5*s.*

This volume contains within small compass an admirable review of the present state of knowledge and opinion concerning this difficult subject. Osteo-arthritis, rheumatoid arthritis, infective arthritis and gout are dealt with in turn, the treatment being in each case preceded by a brief account of the pathology and clinical features. The degree of importance which is to be assigned to focal sepsis in each of these conditions has been the subject of a good deal of controversy in recent years. It is recognized that focal sepsis may produce multiple arthritis without any additional factors. This type is labelled "chronic infective arthritis," and is cured by eradication of the offending teeth or tonsils. In rheumatoid and osteo-arthritis metabolic and degenerative factors are respectively described as primary, and focal sepsis, which often coexists and certainly aggravates the condition, is regarded as subsidiary and incidental to the main condition. The pendulum seems to be swinging back to the "rheumatic diathesis." It also appears that we are again beginning to regard gout as a common disease. The chapters on treatment are explicit, and will amply repay careful study. The publishers are to be congratulated upon the attractive appearance of this series. The price we regard as reasonable.

THEORY AND PRACTICE OF NURSING. By M. A. GULLAN, Sister Tutor, St. Thomas's Hospital. Third edition. (London: H. K. Lewis & Co., Ltd., 1930.) Pp. xvi + 246. Price 9*s.*

This book gives a condensed and accurate summary of the elements of physiology, dietetics, administration of drugs, gynæcology, fevers, and heart and lung diseases, as well as a concise but very complete account of medical and surgical nursing. Blank pages for additional notes are provided at the end of each chapter—a useful feature. Metabolism of proteins, carbohydrates and fats is made clear by three coloured diagrams, which greatly simplify this complicated subject. The book can be confidently recommended to nurses, and the chapters on baths, spongings, packs, enemata, artificial feeding and lavage contain much information which the student who intends to take up general practice would do well to master.

THE DIAGNOSIS AND TREATMENT OF HEART DISEASE: PRACTICAL POINTS FOR STUDENTS AND PRACTITIONERS. By E. M. BROCKBANK, M.D.(Vict.), F.R.C.P. Sixth edition. (London: H. K. Lewis & Co., Ltd., 1930.) 35 illustrations, including 3 plates. Pp. xiii + 235. Price 7*s.* 6*d.* net.

The sixth edition of this little book contains alterations and additions to the chapters on clinical examination and added chapters on angina pectoris and aneurysm. The arrangement of the headings is particularly clear, and the style all the way through is refreshingly lucid. The final-year man may be a little impatient of passages such as the rather naïve explanation of polyuria in granular kidney —that "the . . . excreting cells are inefficient and have to work during the night as well as the day in order to get rid of the urea"; but there is little that cannot be followed with advantage by the average student who has attained his "stethoscope ears," and some that is of news and value to the practitioner of several years' standing.

There are one or two particular criticisms that occur to one, such as the omission to mention the occasional "silent gap" in blood-pressure recording, and the failure to stress the disappearance of the presystolic murmur during auricular fibrillation in mitral stenosis.

The chapters on treatment and on examination for life assurance are of value; the latter may be considered as a dissertation on prognosis in heart disease, and as such will be welcome to those who find this the most difficult aspect of cardiology, as indeed it probably is.

On the whole, the book is perhaps most suitable for those who are as yet not far advanced in their clinical studies.

COTTAGE HOSPITALS. By F. M. DUPLAT-TAYLOR, M.Inst.C.E., JOHN COLERIDGE, F.R.I.B.A., and J. J. ABRAHAM, M.D., F.R.C.S. (London: Ernest Benn, Ltd., 1930.)

Many things are claimed to "supply a long-felt want," but this book does really give us something we have needed for some time, although we may not have been conscious of any particular "want."

The modern cottage hospital is often quite an imposing building, equipped with all modern requirements and capable of carrying out a vast amount of vitally important work. But only those who have been through it know the amount of toil and trouble that the planning and establishment of a cottage hospital entails. To give all interested people a basis for discussion and for making plans, this book has been compiled jointly by a surgeon, an architect and an engineer, and the result is a small compact volume which will serve admirably as a book of reference upon practically every point concerning cottage hospitals. The questions of sites and buildings, water supply, sewage disposal, lighting, heating, cooking and general planning are dealt with in a series of useful notes. A special chapter is devoted to X-rays. Surgical equipment, the operating theatre and its accessories, with lists of instruments and other requirements, make up another chapter, and the book concludes with "general equipment," among which there is found room for useful notes upon "food waste" which every member of a hospital committee will appreciate. An adequate index and several plates giving clear plans of typical hospitals complete a book which should attain a wide sphere of usefulness.

ROSE AND CARLESS' MANUAL OF SURGERY. By C. P. G. WAKELEY, F.R.C.S., and J. B. HUNTER, M.Chir., F.R.C.S. (London: Baillière, Tindall & Cox, 1930.) Pp. 590. Illustrated. Price 30*s.* net.

This edition, the thirteenth, decked in letters of gold, instead of the sombre black of its predecessors, has been thoroughly revised by its band of contributors, which includes Dr. Carnegie Dickson on Pathology, Mr. Negus on Ear, Nose and Throat work, Mr. Eardley Holland on Gynæcology, and Dr. Hadfield on Anæsthetics; Mr. Bishop Harman has written on Affections of the Eye. Tropical Surgery, by Sir Frank Powell Connor, is given a chapter to itself—an innovation which we feel will be popular with its readers. The illustrations, on the whole, are good, especially the coloured plates of bacteria; but while we dislike parting with old friends, we feel that many might have been replaced by more modern drawings with advantage.

The text indicates truly the modern trend of surgical opinion on most subjects, but many urologists would disagree with the authors when reading that *tuberculosis testis* usually begins in the *globus major*, and no mention is made of "excretion urography." Perhaps the authors feel that this advance in methods of investigation is, as yet, unproven. The section on Blood Transfusion is good; that on the treatment of Varicose Veins is decidedly scanty, insufficient detail being supplied to be of any practical use. The *pros* and *cons* in the use of radium and X-rays for cancer have been carefully dealt with, and the authors may be congratulated upon giving a reasoned statement of modern views. The method of treatment of carcinoma of the breast, rectum and tongue by radium needles is outlined and illustrated by simple but clear diagrams. The radiographic supplement has been cut down to forty-three plates, and although their excellence of reproduction has been maintained, we feel that they would serve a more useful purpose if they were included in the text itself.

The index is both full and accurate, and references to original papers are scattered throughout the work.

While this seems an excellent book for students as a manual of surgery, its appeal to practitioners would be greatly increased if more detail as to treatment and prognosis had been included.

A SHORT PRACTICE OF GYNÆCOLOGY. By HENRY JELLETT, M.D., F.R.C.P.I., and RICHARD TOTTENHAM, M.D., F.R.C.P.I. Sixth edition. (London: J. & A. Churchill, 1930.) Pp. x + 525. Four plates, 360 illustrations. Price 21*s.*

This is an attractive and well-written text-book, up to date and beautifully illustrated. Clinical features and treatment are fully described, but the more academic points are abbreviated or omitted. Nearly a third of the book is devoted to the description of operative technique and the illustrations here are particularly good, every step being made clear. Pre- and post-operative treatment are well dealt with.

Certain terms, such as leucorrhœa, relative sterility, and secondary hæmorrhage are used not in accordance with the usual definitions. The menstrual cycle is counted as beginning on the first day of the resting stage. We cannot agree that radium has little or no effect on the ovary, nor that the endometrium remains intact during menstruation, nor that chronic endometritis is a very common disease. Apart from these points, however, the teaching contained in this book corresponds closely with that given in this Hospital. The radium treatment of carcinoma is outlined, and some details are given of the Donaldson technique. The lead treatment of carcinoma is also described, and an interesting account is given of the use of vaccines as adjuvants in the treatment of chronic infections of the genital tract and of puerperal infection. A brief summary of Wilfred Shaw's account of metropathia hæmorrhagica is included in the chapter on uterine hæmorrhages. The subject of endocrinology receives scant attention. Here the practitioner is so entirely at the mercy of the manufacturer that we think some guidance should be be given as to which (if any) of the innumerable endocrine preparations on the market are of value in treatment. No account is given of the functions of the corpus luteum. Fletcher Shaw's views on chronic metritis are omitted.

We think that this is in many respects the best of the smaller text-books of gynæcology, and that it is likely to prove popular with students and practitioners.

GENERAL PRACTICE (SOME FURTHER EXPERIENCES). By ERNEST WARD, M.D., F.R.C.S. (London: John Bale, Sons & Danielsson, Ltd., 1930.) Pp. 108. Price 3*s.* 6*d.*

This book, appearing as a sequel to *Medical Adventure* cannot help being a little disappointing. It is less entertaining than its predecessor, but it contains a great deal of advice of a practical kind. Everyone who intends taking up general practice will be well advised to read it. It will take less than a couple of hours and the time will be well spent. Dr. Ward evidently knows a few jokes against the consultant. We wish he had told us more of them.

ERRATUM.

INJURIES TO JOINTS. By SIR ROBERT JONES.

The price of this book is 6*s.*, not 7*s.* 6*d.*, as announced in our last issue.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

AINSWORTH-DAVIS, J. C., M.B., F.R.C.S. "Painless Hæmaturia." *British Medical Journal*, August 2nd, 1930.

BEHRMAN, S., B.Sc., M.R.C.S. "Non-spinous Psoas Abscess: Four Cases at a Children's Hospital." *Lancet*, August 9th, 1930.

CAMMIDGE, P. J., M.D. (and HOWARD, H. A. H., B.Sc.). "The Hereditary Transmission of Hypoglycæmia in Mice." *Proceedings of the Royal Society of Medicine*, July, 1930.

CHRISTOPHERSON, J. B., C.B.E., M.D., F.R.C.P. "New Pattern Lipiodol Trocar and Cannula." *Lancet*, August 2nd, 1930.

COCHRANE, R. G., M.D., M.R.C.P., D.T.M.&H. "Classification and Routine Treatment of Leprosy." *Leprosy Review*, July, 1930.

CORSI, H., F.R.C.S. *See* ROXBURGH and CORSI.

CULLINAN, E. R., M.R.C.P. (C. F. T. EAST, F.R.C.P., and E. R. C.). "Nirvanol in the Treatment of Chorea." *Lancet*, July 26th, 1930.

FEILING, ANTHONY, M.D., F.R.C.P. "Old Injury of the Brachial Plexus." *Proceedings of the Royal Society of Medicine*, July, 1930.

HIGGS, S. L., F.R.C.S. "Two Cases of Dislocation of Carpal Scaphoid." *Proceedings of the Royal Society of Medicine.* July, 1930.

HILL, NORMAN H., M.D., M.R.C.P. and MELLOR, A. W. C. "Protein Milk in Infant Feeding." *Lancet*, August 23rd, 1930.

HORDER, Sir THOMAS, Bart., K.C.V.O., M.D., F.R.C.P. "More Medical Notes." *Clinical Journal*, July 30th, 1930.

KEYNES, GEOFFREY, F.R.C.S. Reviser of *Bowlby and Andrewes' Surgical Pathology and Morbid Anatomy*, 8th edition. London: J. & A. Churchill, 1930.

McCAY, F. H., M.B., B.Chir. "Gall-stones passed through a Sinus in the Back." *British Medical Journal*, July 26th, 1930.

MARK, L. P., M.D. *More Reminiscences of Boyhood spent at Marseilles. Privately printed.*

MAXWELL, JAMES, M.B., M.R.C.P. "Intradermal Tuberculin Test." *Lancet*, August 9th, 1930.

——— "Bronchial Carcinoma." *Clinical Journal*, September 3rd, 1930.

MELLOR, A. W. C., M.B. *See* HILL and MELLOR.

MORLOCK, H. V., *M.C.*, M.D., M.R.C.P. "Hæmophilia treated by Liver Diet." *Proceedings of the Royal Society of Medicine*, July, 1930.

——— (A. J. SCOTT PINCHIN, M.D., F.R.C.P., and H. V. M.). "Hæmorrhagic Dry Bronchiectasis." *British Medical Journal*, August 30th, 1930.

PARAMORE, R. H., M.D., F.R.C.S. "Eclampsia treated with Spinal Anæsthesia." *Lancet*, August 23rd, 1930.

POWER, Sir D'ARCY, K.B.E., F.R.C.S. "Some Bygone Operations in Surgery. I, Cutting for the Stone." *British Journal of Surgery*, July, 1930.

ROXBURGH, A. C., M.D. and CORSI, H., F.R.C.S. "Discussion on the Therapeutic Value of Gold Compounds (Sanocrysin, Krysolgan, etc.)." *Proceedings of the Royal Society of Medicine*, July, 1930.

——— "The Therapeutic Value of Gold Compounds (Sanocrysin, Krysolgan, etc.)." *British Journal of Dermatology and Syphilis*, August–September, 1930.

SAXBY-WILLIS, F. E., M.D. "Diaphragmatic Herniæ." *Clinical Journal*, July 23rd, 1930.

STONE, G. KENNETH, D.M., M.R.C.P. "A Study of Yeasts by the Complement-Fixation Test." *Lancet*, September 13th, 1930.

SYKES, W. STANLEY, M.A., M.B., B.Ch., D.P.H. "An Improved Open Ether Inhaler." *Lancet*, August 2nd, 1930.

VERRALL, P. JENNER, F.R.C.S. "Two Cases of Cœliac Rickets." *Proceedings of the Royal Society of Medicine*, July, 1930.

——— "Discussion on Amputations and their Relation to the Artificial Limb." *Proceedings of the Royal Society of Medicine*, July, 1930.

WALKER, KENNETH M., O.B.E., F.R.C.S. "Discussion on the Technique and Results of Prostatectomy." *Proceedings of the Royal Society of Medicine*, July, 1930.

WARD, R. OGIER, D.S.O., M.Ch., F.R.C.S. "A Radium Needle Introducer." *Lancet*, July 26th, 1930.

——— (and HERITAGE, KENNETH, F.R.C.S.). "Some Examples of Excretion Urography." *Proceedings of the Royal Society of Medicine*, June, 1930.

WEBER, F. PARKES, M.D., F.R.C.P. (and HELLENSCHMIED, R., M.D.). "Telangiectasis Macularis Eruptiva Perstans." *British Journal of Dermatology and Syphilis*, August–September, 1930.

——— (and EAST, H., M.D., and LUTTEROTTI, O., M.D.). "Thrombo-Angiitis Obliterans in Non-Hebrew Subjects, and Report of a Case of Chronic Ulcus Cruris in a Young Man." *British Medical Journal*, August 23rd, 1930.

WILLOUGHBY, HUGH, M.R.C.S., L.R.C.P., D.T.M.&H. (PHILIP MANSON-BAHR and H. W.). "Studies on Sprue, with Special Reference to Treatment based upon an Analysis of 200 Cases." *Quarterly Journal Medicine*, July, 1930.

WOOLLARD, H. H., M.D. "The Cutaneous Glands of Man." *Journal of Anatomy*, July, 1930.

CHANGES OF ADDRESS.

BRAIMBRIDGE, C. V., The Native Hospital, Nairobi, Kenya.

BROOKE, C. O. S. B., County Court House, Belfast.

CANE, A. S., Willingham, Cambs. (Tel. Willingham 30.)

CLAXTON, E. E., The First House, Radnor Park, Folkestone. (Tel. Folkestone 1954.)

GARROD, Sir ARCHIBALD, K.C.M.G., 1, Huntingdon Road, Cambridge.

HIGGINS, A. G., The Lych Gate, Henleaze, Bristol.

HOPWOOD, F. L., 41, Chandos Avenue, Whetstone, N. 20. (Tel. Hillside 2085.)

KINDERSLEY, C. E., 11, The Circus, Bath. (Tel. 3097.)

KNIGHT, R. H., The Grange, Crawley, Sussex. (Tel. Crawley 37.)

LANDON, J., Springfield, Castleford, Yorks.

LEVITT, W. M., 2, Stone Buildings, Lincoln's Inn, W.C. 2. (Tel. Holborn 6095.)

APPOINTMENTS.

BACH, F., M.D.(Oxf.), appointed Medical Registrar to the British Red Cross Society's Clinic for Rheumatism, Peto Place, N.W. 1.

BROOKE, C. O. S. B., M.R.C.S., L.R.C.P., D.P.H., appointed Chief Tuberculosis Officer for County Antrim.

SHORE, T. H. G., M.D.(Cantab.), F.R.C.P., appointed Physician to the South Devon and East Cornwall Hospital, Plymouth.

BIRTHS.

CURRIE.—On August 20th, 1930, at 107, Eastbourne Road, Darlington, Co. Durham, to Mary Campbell Vickers, wife of Dr. John Currie, D.S.O.—a daughter (Winsome).

GILLBARD.—On September 14th, 1930, at Sherfield, Hants, to Mary, wife of Dr. Windham Gillbard—a daughter.

POWELL.—On August 29th, 1930, at Earlsridge, Redhill, to Thelma (*née* Faraday), wife of Dr. Ronald R. Powell—a daughter.

YOUNG.—On August 27th, 1930, at 1, Titchfield Road, N.W. 8, to Stella (*née* Robinson), wife of Dr. Frederick H. Young—a daughter.

MARRIAGES.

CULLINAN—HORDER.—On September 17th, 1930, at St. Etheldreda's Church, Ely Place, E.C., by Father O'Connor, Edward R. Cullinan, M.D., M.R.C.P., to Dorothea Joy, elder daughter of Sir Thomas and Lady Horder.

DURDEN-SMITH—NEILL.—On September 20th, 1930, at the Church of St. Bartholomew-the-Great, Smithfield, Anthony James, only son of Mr. and Mrs. H. W. Smith, of Lee, to Grace Yvonne Elizabeth elder daughter of the late Mr. Samuel Neill and Mrs. Neill, of Sherborne, Dorset.

FRANCIS—JOLLANDS.—On September 17th, 1930, at St. Mary's Church, Chiddingfold, by the Rev. E. P. Pelloe, Reginald Harvey Francis, M.R.C.S., L.R.C.P., third son of Dr. and Mrs. Harvey Francis, of Ashton Lodge, Woodthorpe, Nottingham, to Mary Aylmer, elder daughter of Mr. and Mrs. Cecil Jollands, of "The Old Forge," Chiddingfold.

DEATHS.

AUBREY.—On September 22nd, 1930, at 3, The Parade, Cowes, Dr. John Bates Aubrey, second son of the late Sir William Hoffmeister.

BUTTAR.—On August 31st, 1930, following an operation, Charles Buttar, M.D., of Limecroft, Guildford, and formerly of 41, Inverness Terrace, W. 2.

CARSON.—On August 31st, 1930, Herbert W. Carson, F.R.C.S., of 111, Harley Street, W. 1, aged 59.

FINIGAN.—On August 29th, 1930, after a long and severe illness, Daniel O'Connell Finigan, M.D., of Woodlands, Stourwood Avenue, West Southbourne, formerly of Fordingbridge, aged 55.

MARK.—On September 5th, 1930, at 49, Oxford Terrace, W. 2, after a long illness bravely borne, Leonard Portal Mark, M.D., son of the late Edward W. Mark, late Consul of Marseilles.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, *St. Bartholomew's Hospital, E.C. 1.*

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